

Schedule of Fees for Covered Services

Based on Medicare Part B Rates and effective January 1, 2011

CPT Code	Description	Non-Facility Fee	Facility Fee
00400	Anesthesia (base code of 3 RVU plus # of units x rate)	\$21.40	\$21.40
10021	Fine needle aspiration (FNA); without imaging guidance	\$119.80	\$60.15
10022	Fine needle aspiration (FNA); with imaging guidance	\$119.47	\$58.47
19000	Puncture aspiration of cyst of breast	\$108.39	\$45.22
19001	Puncture aspiration of cyst of breast, each additional cyst, used with 19000	\$26.88	\$22.62
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$136.61	\$67.63
19101	Breast biopsy, open, incisional	\$311.74	\$208.67
19102	Breast biopsy, percutaneous, needle core, w/ imaging guidance; for placement of localization clip please use CPT code 19295	\$216.00	\$106.73
19103	Breast biopsy, percutaneous, auto vacuum assisted or rotating biopsy device, w/imaging guidance	\$548.07	\$196.97
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	\$450.40	\$383.74
19125	Excision of breast lesion ID'd by preop placement of radiological marker; open; single lesion	\$499.72	\$426.87
19126	Excision of breast lesion ID'd by preop placement of radiological marker, open; each additional lesion separately identified by a preop radiological marker	\$156.14	\$156.14
19290	Preoperative placement of needle localization wire (breast)	\$161.03	\$68.03
19291	Preoperative placement of needle localization wire (breast) – each additional lesion	\$69.18	\$33.53
19295	Image – guided placement, metallic localization clip, percutaneous, during breast biopsy	\$90.10	\$90.10
36415	Collection of venous blood by venipuncture	\$3.00	\$3.00
57452	Colposcopy of the cervix including upper/adjacent vagina	\$108.57	\$91.52
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage	\$153.61	\$136.17
57455	Colposcopy with biopsy(s) of cervix	\$142.58	\$110.79
57456	Colposcopy with endocervical curettage	\$134.91	\$103.51
57460	Endoscopy with loop electrode biopsy(s) of the cervix – REVIEW REQUIRED [diagnostic only]	\$293.19	\$163.37
57461	Endoscopy with loop electrode conization of the cervix – REVIEW REQUIRED [diagnostic only]	\$329.45	\$188.40
57500	Biopsy of cervix, single or multiple, or local excision of lesion, w/ or w/out fulguration	\$130.65	\$74.84
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$101.59	\$91.13
57520	Conization of the cervix, w/ or w/out fulguration, w/ or w/out dilation & curettage, w/ or w/out repair; cold knife or laser – REVIEW REQUIRED [diagnostic only]	\$305.80	\$271.70
57522	Loop electrode excision procedure – REVIEW REQUIRED [diagnostic only]	\$262.86	\$242.32
58100	Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy) – REVIEW REQUIRED [diagnostic following AGC Pap only]	\$109.53	\$87.43
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure) – REVIEW REQUIRED [diagnostic following AGC Pap only]	\$48.56	\$41.58
71020	Radiologic examination, chest, two views, frontal and lateral – REVIEW REQUIRED	\$32.03	\$32.03

71020 26	Radiologic examination, chest, two views, frontal and lateral – REVIEW REQUIRED	\$11.70	\$11.70
71020 TC	Radiologic examination, chest, two views, frontal and lateral – REVIEW REQUIRED	\$20.34	\$20.34
G0202	Screening Mammogram, Digital, Bilateral	\$137.54	\$137.54
G0202 26	Screening Mammogram, Digital, Bilateral	\$36.59	\$36.59
G0202 TC	Screening Mammogram, Digital, Bilateral	\$100.95	\$100.95
G0204	Diagnostic Mammogram, Digital, Bilateral	\$163.99	\$163.99
G0204 26	Diagnostic Mammogram, Digital, Bilateral	\$45.60	\$45.60
G0204 TC	Diagnostic Mammogram, Digital, Bilateral	\$118.38	\$118.38
G0206	Diagnostic Mammogram, Digital, Unilateral	\$129.41	\$129.41
G0206 26	Diagnostic Mammogram, Digital, Unilateral	\$36.59	\$36.59
G0206 TC	Diagnostic Mammogram, Digital, Unilateral	\$92.81	\$92.81
76098	Radiological examination, surgical specimen	\$20.06	\$20.06
76098 26	Radiological examination, surgical specimen	\$8.63	\$8.63
76098 TC	Radiological examination, surgical specimen	\$11.43	\$11.43
76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	\$95.39	\$95.39
76645 26	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	\$28.54	\$28.54
76645 TC	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	\$66.85	\$66.85
76942	Ultrasonic guidance for needle placement, biopsy of breast	\$194.14	\$194.14
76942 26	Ultrasonic guidance for needle placement, biopsy of breast	\$35.45	\$35.45
76942 TC	Ultrasonic guidance for needle placement, biopsy of breast	\$158.69	\$158.69
76970	Breast Ultrasound – follow-up study	\$87.93	\$87.93
76970 26	Breast Ultrasound – follow-up study	\$21.08	\$21.08
76970 TC	Breast Ultrasound – follow-up study	\$66.85	\$66.85
77031	Stereotactic localization guidance for breast biopsy or needle placement	\$178.27	\$178.27
77031 26	Stereotactic localization guidance for breast biopsy or needle placement	\$84.31	\$84.31
77031 TC	Stereotactic localization guidance for breast biopsy or needle placement	\$93.98	\$93.98
77032	Mammographic guidance for needle placement, breast	\$58.95	\$58.95
77032 26	Mammographic guidance for needle placement, breast	\$29.69	\$29.69
77032 TC	Mammographic guidance for needle placement, breast	\$29.26	\$29.26
77055	Mammography; unilateral	\$87.55	\$87.55
77055 26	Mammography; unilateral	\$36.98	\$36.98
77055 TC	Mammography; unilateral	\$50.58	\$50.58
77056	Mammography; bilateral	\$111.67	\$111.67
77056 26	Mammography; bilateral	\$45.99	\$45.99
77056 TC	Mammography; bilateral	\$65.68	\$65.68
77057	Screening mammogram, bilateral (2-view film study of each breast)	\$82.90	\$82.90
77057 26	Screening mammogram, bilateral (2-view film study of each breast)	\$36.98	\$36.98
77057 TC	Screening mammogram, bilateral (2-view film study of each breast)	\$45.92	\$45.92
80048	Basic metabolic panel	\$12.12	\$12.12
80053	Comprehensive metabolic panel	\$15.14	\$15.14
80061	Lipid panel	\$15.72	\$15.72
82465	Cholesterol, serum or whole blood, total	\$6.24	\$6.24
82947	Blood glucose, quantitative (except reagent strip)	\$5.62	\$5.62
82948	Blood glucose, reagent strip	\$3.66	\$3.66
82951	Glucose tolerance test (GTT), three specimens	\$18.44	\$18.44

83036	Hemoglobin assay	\$13.90	\$13.90
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	\$8.26	\$8.26
87621**	Human papillomavirus (HPV) amplified probe	\$37.31	\$37.31
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation	\$64.78	\$64.78
88104 26	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation	\$35.85	\$35.85
88104 TC	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation	\$28.93	\$28.93
88141 [†]	Cytopathology, cervical, requiring interpretation by physician	\$28.81	\$28.81
88142 [†]	Cytopathology, cervical, in preservative fluid, auto. thin layer prep; manual screen – MD supervision	\$29.02	\$29.02
88143 [†]	Cytopathology, cervical, in preservative fluid, auto. thin layer prep; manual screen- ing- MD supervision	\$29.02	\$29.02
88150 [†]	Cytopathology, slides, cervical; manual screening under MD supervision	\$15.13	\$15.13
88160	Cytopathology, smears, any other source; screening and interpretation	\$53.57	\$53.57
88160 26	Cytopathology, smears, any other source; screening and interpretation	\$25.47	\$25.47
88160 TC	Cytopathology, smears, any other source; screening and interpretation	\$28.09	\$28.09
88161	Cytopathology, smears, any other source; preparation, screening, and interpretation	\$55.51	\$55.51
88161 26	Cytopathology, smears, any other source; preparation, screening, and interpretation	\$25.08	\$25.08
88161 TC	Cytopathology, smears, any other source; preparation, screening, and interpretation	\$30.42	\$30.42
88162	Cytopathology, extended study involving over 5 slides and/or multiple stains	\$78.41	\$78.41
88162 26	Cytopathology, extended study involving over 5 slides and/or multiple stains	\$38.69	\$38.69
88162 TC	Cytopathology, extended study involving over 5 slides and/or multiple stains	\$39.72	\$39.72
88164 [†]	Cytopathology, slides, cervical (the Bethesda System); manual screening under MD Supervision	\$15.13	\$15.13
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$55.06	\$55.06
88172 26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$31.22	\$31.22
88172 TC	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$23.83	\$23.83
88173	Cytopathology – evaluation of fine needle aspirate: interpretation and report	\$139.46	\$139.46
88173 26	Cytopathology – evaluation of fine needle aspirate: interpretation and report	\$71.83	\$71.83
88173 TC	Cytopathology – evalutaion of fine needle aspirate: interpretation and report	\$67.63	\$67.63
88174 [†]	Cytopathology, cervical, collected in preservative fluid, automated thin layer preparation; screening by automated system, under MD supervision	\$30.60	\$30.60
88175 [†]	Cytopathology, cervical, screening by automated system & manual rescreening or review, MD supervision	\$37.94	\$37.94
88305	Surgical pathology, gross and microscopic examination, Level IV	\$108.46	\$108.46
88305 26	Surgical pathology, gross & microscopic examination, Level IV	\$38.89	\$38.89
88305 TC	Surgical pathology, gross and microscopic examination, Level IV	\$69.56	\$69.56
88307	Surgical pathology, gross and microscopic examination, Level V	\$222.27	\$222.27
88307 26	Surgical pathology, gross and microscopic examination, Level V	\$82.95	\$82.95
88307 TC	Surgical pathology, gross and microscopic examination, Level V	\$139.31	\$139.31
88321	Surgical pathology, consultation & report on referred slides prepared elsewhere – REVIEW REQUIRED	\$93.00	\$93.00
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – REVIEW REQUIRED	\$93.27	\$93.27

88331 26	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – REVIEW REQUIRED	\$62.85	\$62.85
88331 TC	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – REVIEW REQUIRED	\$30.42	\$30.42
88332	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$41.50	\$41.50
88332 26	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$30.84	\$30.84
88332 TC	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$10.65	\$10.65
99070	Supplies and materials, reimbursed at manual price – REVIEW REQUIRED		
99201*	Office visit – new patient (10 minutes)	\$40.97	\$25.88
99202*	Office visit – new patient (20 minutes)	\$70.75	\$50.21
99203*	Office visit – new patient (30 minutes)	\$102.24	\$75.50
99204*	Office visit – new patient (45 minutes)	\$158.21	\$127.59
99205*	Office visit – new patient (60 minutes)	\$198.85	\$165.52
99211	Office visit – established patient (5 minutes)	\$20.23	\$9.38
99212	Office visit – established patient (10 minutes)	\$40.97	\$25.48
99213	Office visit – established patient (15 minutes)	\$68.98	\$50.38
99214	Office visit – established patient (25 minutes)	\$103.35	\$77.77
99215	Office visit – established patient (40 minutes)	\$139.22	\$109.77
99385	Initial comprehensive preventive medicine visit – new patient (18-39 years with risk factors)	\$102.24	\$75.50
99386	Initial comprehensive preventative medicine visit – new patient (40-64 years)	\$102.24	\$75.50
99387	Initial comprehensive preventive medicine visit – new patient (65+ years)	\$102.24	\$75.50
99395	Periodic comprehensive preventive medicine visit – established patient (18-39 years with risk factors)	\$68.98	\$50.38
99396	Periodic comprehensive preventive medicine visit – established patient (40-64 years)	\$68.98	\$50.38
99397	Periodic comprehensive preventive medicine visit – established patient (65+ years)	\$68.98	\$50.38
A0110	Non-emergency transportation and bus, intra or interstate carrier – REVIEW REQUIRED		
A0080	Non-emergency transportation, per mile-vehicle provided by volunteer (individual organization), with no vested interest. Hardship drivers @ \$.18 per mile.	\$.51 per mile	
A0100	Non-emergency transportation - taxi – REVIEW REQUIRED		
T1013	Sign Language or oral interpretive services, per 15 minutes	\$15.00	\$15.00

NOTE: EXTRA CHARGES are paid only per itemized review.

SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES

*Effective January 1, 2010; CMS eliminated all consultation codes, which included codes that had been on this fee schedule previously: 99241, 99242, 99243 and 99244. As of that date, consultations should be billed through the standard “new patient” office visits CPT codes: 99201-99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes are **not** appropriate for Ladies First screening visits.

**HPV DNA testing is a reimbursable procedure if used in the follow-up of an ASC-US result from the screening exam, or for surveillance at one year following an LSIL Pap test and no CIN 2,3 on colposcopy-directed biopsy. It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women ≥30 years of age. Providers should specify the high-risk HPV DNA panel only; reimbursement of screening for low-risk HPV types is not permitted. [Source: 2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests] The Digene Hybrid Capture II & Cervista are the only HPV DNA test approved by the FDA [High Risk Typing, only]. Ladies First funds cannot be used for reimbursement of Cervista HPV 16/18. [Source: Ask Dr. Miller Letter, June 2009]

†Ladies First ONLY covers the vaginal component of noted CPT codes under the following circumstances, “the client’s complete hysterectomy was performed due to cervical neoplasia (precursors to cervical cancer) or invasive cervical cancer.”

174.0	Malignant neoplasm of the female breast – Nipple and areola
174.1	Malignant neoplasm of the female breast – Central Portion
174.2	Malignant neoplasm of the female breast – Upper-inner quadrant
174.3	Malignant neoplasm of the female breast – Lower-inner quadrant
174.4	Malignant neoplasm of the female breast – Upper-outer quadrant
174.5	Malignant neoplasm of the female breast – Lower-outer quadrant
174.6	Malignant neoplasm of the female breast – Axillary tail
174.9	Malignant neoplasm of the female breast – unspecified
180.8	Malignant neoplasm of genitourinary organs, other specified cites of the cervix
217	Benign neoplasm of breast
219.0	Benign neoplasm of cervix uteri
233.0	Carcinoma in situ of breast and genitourinary system – Breast
233.1	Carcinoma in situ of breast and genitourinary system – Cervix uteri
239.3	Neoplasm of unspecified nature – breast
250.00	Diabetes mellitus without complication type 2 or unspecified type not stated as uncontrolled
250.01	Diabetes mellitus without complication type 1 not stated as uncontrolled
250.02	Diabetes mellitus without complication type 2 or unspecified type uncontrolled
250.03	Diabetes mellitus without complication type 1 uncontrolled
250.10	Diabetes mellitus with ketoacidosis type 2 or unspecified type not stated as uncontrolled
250.11	Diabetes mellitus with ketoacidosis type 1 not stated as uncontrolled
250.12	Diabetes mellitus with ketoacidosis type 2 or unspecified type uncontrolled
250.90	Diabetes mellitus with unspecified complication type 2 or unspecified type not stated as uncontrolled
272.0	Pure hypercholesterolemia
272.2	Mixed hyperlipidemia
272.4	Unspecified hyperlipidemia
272.9	Unspecified disorders of lipid metabolism
278.00	Obesity, unspecified – BMI between 30.0 and 38.9
278.01	Morbid obesity – BMI of 39 or greater
401.0	Malignant essential hypertension
401.1	Benign essential hypertension
401.9	Unspecified essential hypertension
405.09	Secondary hypertension, malignant – other
405.19	Secondary hypertension, benign – other
405.99	Secondary hypertension, unspecified – other
429.2	Cardiovascular disease, unspecified
610.0	Benign mammary dysplasia – Solitary cyst of breast
610.1	Benign mammary dysplasia – Diffuse cystic mastopathy
610.2	Benign mammary dysplasia – Fibroadenosis of breast
610.3	Benign mammary dysplasia – Fibrosclerosis of breast
610.4	Benign mammary dysplasia – Mammary duct ectasia
610.8	Benign mammary dysplasia – Other specified benign mammary dysplasia
610.9	Benign mammary dysplasia – Unspecified benign mammary dysplasia
611.0	Other disorders of breast – Inflammatory disease of breast
611.1	Other disorders of breast – Hypertrophy of breast
611.2	Other disorders of breast – Fissure of nipple
611.3	Other disorders of breast – Fat necrosis of breast

Billable Cardiovascular disease screening codes

611.4	Other disorders of breast – Atrophy of breast
611.5	Other disorders of breast – Galactoceles
611.6	Other disorders of breast – Galactorrhea not associated with childbirth
611.71	Other disorders of breast – Mastodynia
611.72	Other disorders of breast – Lump or mass in breast
611.79	Other disorders of breast – Other signs & symptoms in breast
611.8	Other specified disorders of the breast
611.9	Unspecified disorders of the breast
616.0	Cervicitis and endocervicitis
622.10	Unspecified dysplasia of cervix
622.11	Mild dysplasia of cervix
622.12	Moderate dysplasia of cervix
622.7	Mucous polyp of cervix
648.8	Gestational diabetes mellitus – diabetes arising in pregnancy
757.6	Disorders of skin, breast
790.21	Impaired fasting glucose
790.29	Other abnormal glucose
793.80	Unspecified abnormal mammogram
793.81	Mammographic microcalcification
793.89	Other abnormal findings on radiological examination of breast
795.00	Abnormal glandular Papanicolaou smear of cervix
795.01	Papanicolaou smear of cervix with atypical squamous cells of undetermined significance (ASC-US)
795.02	Papanicolaou smear of cervix with atypical squamous cells cannot exclude high-grade squamous intraepithelial lesion (ASC-H)
795.03	Papanicolaou smear of cervix with low-grade squamous intraepithelial lesion (LSIL)
795.04	Papanicolaou smear of cervix with high-grade squamous intraepithelial lesion (HSIL)
795.05	Cervical high-risk human papillomavirus (HPV) DNA test positive
795.08	Unsatisfactory smear
795.09	Other abnormal Papanicolaou smear of cervix and cervical HPV
796.2	Elevated blood pressure reading without diagnosis of hypertension
V10.3	Potential health hazard related to person or family history, breast
V10.41	Potential health hazard related to person or family history, cervix uteri
V15.82	History of tobacco use
V16.3	Family history of malignant neoplasm, breast
V17.4	Family history of certain chronic disabling diseases, other cardiovascular diseases
V67.9	Unspecified follow-up examination
V70.0	Routine general medical examination at health care facility
V71.1	Observation for suspected malignant neoplasm
V72.31	Routine gynecological exam
V72.32	Encounter for pap, smear to confirm findings
V72.6	Special investigations and exams, lab exams
V76.10	Screening for malignant neoplasm, breast
V76.11	Screening mammography, high risk patient
V76.12	Other screening mammogram
V76.19	Other screening breast exam
V76.2	Screening for malignant neoplasm of cervix
V77.1	Diabetes mellitus
V77.91	Screening for lipid disorders
V81.2	Special screening for cardiovascular condition, unspecified

Billable Cardiovascular
disease screening codes



2011 Revenue Codes

For use with UB-04 Claim Form only

Must be associated with CPT Codes listed on Ladies First Fee Schedule.

Paid at the Medicare-B rate listed on the current Ladies First Fee Schedule.

300	Lab General (WW)
310	Lab Pathology, General
311	Lab Pathology, Cytology
320	Radiology, General
360	Operating Room Services, Minor Surgery
361	OR Services, Minor Surgery
370	Anesthesia
371	Anesthesia
372	Anesthesia
401	Other Imaging Services, Mammography
402	Other, Ultrasound
403	Screening Mammography
450	ER General
490	General Classification Ambulatory Surgery
510	Clinical, General

BY REVIEW – Reimbursed per itemized review

250	Pharmacy
258	IV Solutions
260	IV Therapy, General
262	IV Therapy – Solutions
264	IV Therapy, Supplies
270	Supplies- Devices, General
271	Non-Sterile Supplies
272	Sterile Supplies
621	Supplies Medical-Surgical Incident to Radiology
710	Recovery, General
988	Professional Fees, Consultation